

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	05-03-99
FORMALITY REVIEW	<i>m gay</i>		6-10-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/99
2	✓	✓	10/10/99
3	✓	✓	10/10/99
4	✓	✓	10/10/99
5	✓	✓	10/10/99
6	✓	✓	10/10/99
7	✓	✓	10/10/99
8	✓	✓	10/10/99
9	✓	✓	10/10/99
10	✓	✓	10/10/99
11	✓	✓	10/10/99
12	✓	✓	10/10/99
13	✓	✓	10/10/99
14	✓	✓	10/10/99
15	✓	✓	10/10/99
16	✓	✓	10/10/99
17	✓	✓	10/10/99
18	✓	✓	10/10/99
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23	✓	✓	10/10/99
24	✓	✓	10/10/99
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42	✓	✓	10/10/99
43	✓	✓	10/10/99
44	✓	✓	10/10/99
45	✓	✓	10/10/99
46	✓	✓	10/10/99
47	✓	✓	10/10/99
48	✓	✓	10/10/99
49	✓	✓	10/10/99
50	✓	✓	10/10/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy